

## PART B - FEE(S) TRANSMITTAL

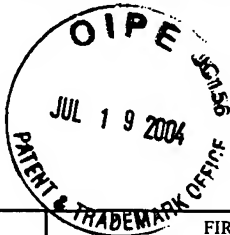
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30869 7590 07/01/2004

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.  
 2345 YALE STREET, 2ND FLOOR  
 PALO ALTO, CA 94306



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sylvia Lee	(Depositor's name)
[Signature]	(Signature)
7/16/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/072,639	02/08/2002	Kyoungsik Yu	S00-224	3278

TITLE OF INVENTION: RECONFIGURABLE WAVELENGTH MULTIPLEXERS AND FILTERS EMPLOYING MICROMIRROR ARRAY IN A GIRES-TOURNOIS INTERFEROMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STAHL, MICHAEL J	2874	385-024000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 2  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE BOARD OF TRUSTEES OF THE  
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STANFORD, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ Advance Order - # of Copies 3

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(Authorized Signature)

(Date)

[Signature]

7/15/04

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07/22/2004 JBALINAE 00000006 10072639

01 FC:2501  
 02 FC:1504  
 03 FC:8001

665.00 OP  
 300.00 OP  
 9.00 OP



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/072,639	
	Filing Date	02/08/2002	
	First Named Inventor	Kyoungsik Yu	
	Art Unit	2874	
	Examiner Name	Stahl, Michael J.	
Total Number of Pages in This Submission	4	Attorney Docket Number	S00-224

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Issue Fee
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Robert Lodenkamper, Reg. No. 55,399
Signature	
Date	7/15/04

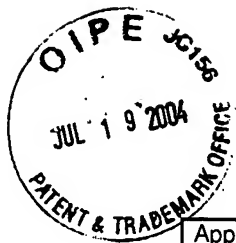
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	SYLVIA LEG		
Signature		Date	7/16/04

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# FEE TRANSMITTAL

Application Number:	10/072,639
Filing Date:	02/08/2002
First Named Inventor:	Kyoungsik Yu
Title of Invention:	Reconfigurable Wavelength Multiplexers and Filters Employing Micromirror Array in a Gires-Tournois Interferometer
Group Art Unit:	2874
Examiner:	Stahl, Michael J.
Attorney Docket No.:	S00-224

## Fee Calculation:

for ☐ Large Entity / ☒ Small Entity

<input checked="" type="checkbox"/> Issue Fee	\$1330 / \$665	\$ 665.00
<input checked="" type="checkbox"/> Publication Fee	\$300	\$300.00
<input checked="" type="checkbox"/> Printed Patent; Number of Copies: [3]	x \$3 =	\$ 9.00


**TOTAL PAYMENT:** \$ 974.00

## Method of Payment:

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## Signature of Applicant, Attorney, or Agent

	7/15/04
Robert Lodenkamper, Reg. No. 55,399	Date